

Arizona

[Title I](#) | [Title II](#) | [ADAP](#) | [Title III](#) | [Title IV](#) | [SPNS](#) | [AETC](#)

State CARE Act Program Profile

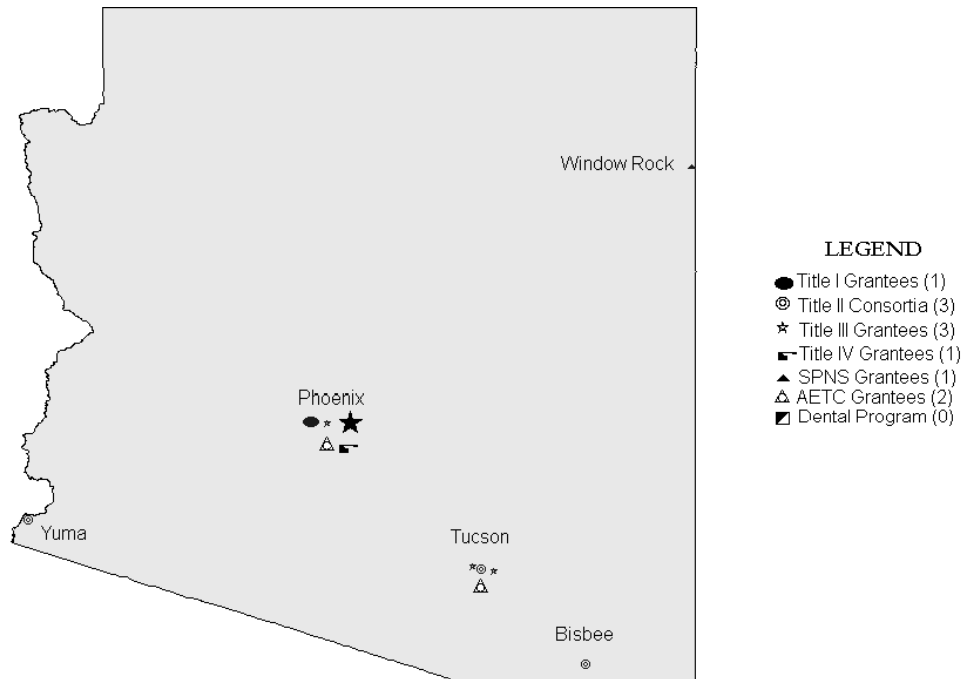
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$2,901,602	\$3,380,053	\$3,412,037	\$9,693,692
Title II (including ADAP)	\$2,260,259	\$3,496,214	\$4,553,503	\$10,309,976
ADAP	(\$470,790)	(\$1,450,752)	(\$2,469,052)	(\$4,390,594)
Title III	\$1,000,000	\$1,359,847	\$1,354,297	\$3,714,144
Title IV	\$0	\$0	\$252,000	\$252,000
SPNS	\$200,000	\$241,106	\$247,833	\$688,939
AETC	\$150,550	\$121,339	\$122,354	\$394,243
Dental	\$0	\$0	\$0	\$0
Total	\$6,512,411	\$8,598,559	\$9,942,024	\$25,052,994

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

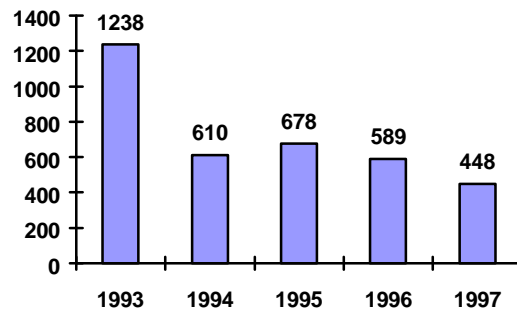
	1996	1997	1998
Title I	1	1	1
Title III	2	4	3
Title IV	0	0	1
SPNS	1	1	1
AETC (grantee or subcontractor)	2	2	2
Dental	0	0	0

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Arizona (Pop. 4,554,966)

- ▶ Persons reported to be living with AIDS through 1997: 1,947
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 3,295
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated January 1987)
- ▶ State AIDS Cases (cumulative) since 1993: 3,563 (1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	89%	78%
Women (13 years and up):	11%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	100%	98%

	State-Specific Data	National Data
White:	66%	33%
African American:	7%	45%
Hispanic:	21%	21%
Asian/Pacific Islander:	1%	<1%
Native American/Alaskan Native:	4%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	59%	35%
Injecting drug user (IDU):	12%	24%
Men who have sex with men and inject drugs (MSM/IDU):	7%	4%
Heterosexual contact:	8%	13%
Other, unknown or not reported:	14%	24%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	253.5	194.5
Gonorrhea (1996)	87.9	124.0
Syphilis (1996)	2.4	4.3
TB (1997)	6.5	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** medications, alternative treatment options; providers in rural areas; continuity in transitioning between insurance/care programs; dental service; transportation; and training for providers in rural areas and prisons
- ▶ **Emerging Needs:** substance abuse services; access to medications; lack of HIV resources and funding; housing; qualified health providers in rural and low-income communities

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	140% FPL

*Income eligibility for State's ADAP program is 200% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	No

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

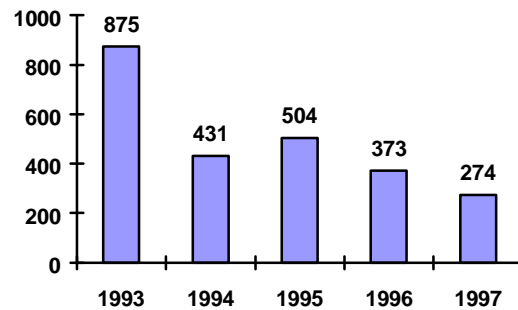
1915(b) waiver(s): No

Title I: Phoenix (Pop. 2,682,501)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Maricopa, Pinal Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,670
- ▶ AIDS Cases (cumulative) since 1993: 2,457 (69% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	89%	89%	78%
Women (13 years and up):	11%	11%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	0%	2%
20+ years old:	100%	100%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	68%	66%	33%
African American:	8%	7%	45%
Hispanic:	19%	21%	21%
Asian/Pacific Islander:	1%	1%	<1%
Native American/Alaskan Native:	3%	4%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	61%	59%	35%
Injecting drug user (IDU):	10%	12%	24%
Men who have sex with men and inject drugs (MSM/IDU):	7%	7%	4%
Heterosexual contact:	9%	8%	13%
Other, unknown or not reported: (Adults only)	14%	14%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,647,575	\$1,781,349	\$1,811,353	\$5,240,277
Supplemental	\$1,254,027	\$1,598,704	\$1,600,684	\$4,453,415
Total	\$2,901,602	\$3,380,053	\$3,412,037	\$9,693,692

Allocation of Funds

	1998
Health Care Services	\$1,119,500/33%
Medications	\$677,018/20%
Case Management	\$581,100/17%
Support Services	\$773,817/23%
Administration, Planning and Program Support	\$260,602/8%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 35
- ▶ PLWH on planning council: 15 (43%)

Gender of Planning Council Members

Men:	60%
Women:	40%

Race/Ethnicity of Planning Council Members

White:	71%
African American:	9%
Hispanic:	14%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	6%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	7,470
Men:	76%
Women:	24%

<13 years old:	2%
13-19 years old:	4%
20+ years old:	94%

White:	70%
African American:	9%
Hispanic:	16%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	4%

Men who have sex with men (MSM):	64%
Injecting drug user (IDU):	16%
Men who have sex with men and inject drugs (MSM/IDU):	11%
Heterosexual contact:	6%
Other, unknown or not reported:	3%

► Improved Patient Access

- In general, the EMA has experienced increased numbers of clients across all services funded under Title I over the past several years. High priority services such as pharmaceutical assistance, primary medical care and case management have experienced the largest increase in demand: pharmaceuticals, an increase from 285 to 467 (+64%); outpatient, primary care, an increase from 316 to 468 (+48%); and case management, an increase from 349 to 474 (+36%).

- Increases in Title I funding have been used to add new services and expand existing services. New services added in FY 1997 included: case management targeted to communities of color, outreach to the African American community, and HIV treatment education for PLWH. In addition, more than \$625,000 in Title I funds was contributed to the state's Title II ADAP in FY 1997 to expand the availability of new treatments. Other expansions between FY 1995 and FY 1997 included outpatient primary medical care (20%), food services (30%), and behavioral health education (40%).

► **Improved Patient Outcomes**

- Home health care was the one service category that experienced a decrease in demand between 1995 and 1997, which the grantee attributed to improved health care outcomes and decreased morbidity and mortality among PLWH.

Title II: Arizona

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$2,260,259	\$3,496,214	\$4,553,503	\$10,309,976
ADAP (included in Title II grant)	(\$470,790)	(\$1,450,752)	(\$2,469,052)	(\$4,390,594)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$3,431,887/75%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$3,300,000)
Direct Services	(\$131,887)
Case Management (State Administered)	\$0/0%
Consortia	\$902,734/20%
Health Care*	(\$505,531)
ADAP/Treatment	(\$81,246)
Case Management	(\$315,957)
Support Services**	(\$0)
Administration, Planning and Evaluation (Total State/Consortia)	\$218,882/5%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 3

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Direct Svcs./Yuma Co. Health Dept. Comm. Agencies	Yuma	Yuma and La Paz Counties	\$82,123
Pima Co. HIV/AIDS CARE Consortium	Tucson	Pima County	\$642,444
Southeastern Arizona Care Consortium	Bisbee	Santa Cruz, Cochise, Graham, and Greenlee Counties	\$77,123

Accomplishments

Clients Served (duplicated count), FY 1996:	1,240
Men:	81%
Women:	19%
<13 years old:	1%
13-19 years old:	2%
20+ years old:	97%
White:	63%
African American:	8%
Hispanic:	23%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	5%
Men who have sex with men (MSM):	61%
Injecting drug user (IDU):	13%
Men who have sex with men and inject drugs (MSM/IDU):	6%
Heterosexual contact:	10%
Other, unknown or not reported:	10%

▶ **Improved Patient Access**

- The numbers of clients reported served by Title II-funded providers declined sharply across most service categories in FY 1997, due primarily to resource limitations triggered by the high cost of new antiretroviral drugs. To address the rapid increase in demand for new therapies, the grantee increased the amount of Title II base funds allocated to ADAP and centralized the ADAP.
- Following an initial 6% decline in the number of clients served in FY 1997 (600 total, 190 new), the Arizona ADAP experienced rapid growth in FY 1998. There was an 83% increase in new clients (349) and a more than 50% increase in total clients, with a total of 898 individuals served.
- As of mid-1998, 83% of ADAP clients were accessing protease inhibitors.

▶ **Improved Patient Outcomes**

- The demographic characteristics of ADAP clients follow the characteristics of the HIV/AIDS epidemic in Arizona, in which Hispanic communities are disproportionately affected.

▶ **Cost Savings**

- The ADAP participates in the Office of Drug Pricing's Section 602 up-front discount purchasing program, at savings estimated between 25 and 35% for the different medications included on the formulary.

▶ **Other Accomplishments**

- In September 1997, the Governor of Arizona ordered the release of \$600,000 from the State's Health crisis fund, which allowed the removal of a client cap on services and delayed the transfer of then currently enrolled clients to drug manufacturers' patient assistance programs for access to protease inhibitors. An additional \$330,000 from the same fund was allocated in March 1998.

AIDS Drug Assistance Program (ADAP): Arizona

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$1,184,010	\$2,300,000	\$3,300,000	\$6,784,010
State Funds	\$15,000	\$26,270	\$0	\$41,270
Other: Title I	\$0	\$407,489	\$678,500	\$1,085,989
Other	\$0	\$600,000	\$0	\$600,000
Total	\$1,199,010	\$3,333,759	\$3,978,500	\$8,511,269

Program

- ▶ Administrative Agency: Dept. of Health Services
- ▶ Formulary: 23 drugs, 4 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: Critical decisions regarding Arizona's ADAP are made by the Ryan White Title II Advisory Council, which meets on an as-need basis throughout the year. Advisory Council members include PLWH and ADAP clients.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	650
Number using ADAP each month:	500
Percent of clients on protease inhibitors:	83%
Percent of active clients below 200% FPL:	100%

Client Profile, FY 1996

Men:	88%
Women:	12%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%
White:	68%
African American:	7%
Hispanic:	25%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Arizona

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	2	4	3	
Total Title III funding in State	\$1,000,000	\$1,359,847	\$1,354,297	\$3,714,144

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 2 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 3,282
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 1,416
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 478
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 57%
 - ▶ from 200 to 499: 25%
 - ▶ above 500: 19%

Accomplishments

Clients served (primary care only), 1996:	1,416
Men:	86%
Women:	14%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	69%
African American:	9%
Hispanic:	20%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	1%

Men who have sex with men (MSM):	49%
Injecting drug user (IDU):	5%
Men who have sex with men and inject drugs (MSM/IDU):	1%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	14%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	30%

► **Improved Patient Access**

- The Maricopa Integrated Health System's Early Intervention Program, based at the McDowell Health Care Center, had an 84% increase in monthly utilization over the past three years, providing increased access to medical, dental, and behavioral health care for PLWH. Approximately 900 clients currently receive services through this system. Between 1995 and 1997, the monthly encounter volume increased by 62.4% and in 1997, the service area was expanded to include Pinal and Gila counties.
- Since 1991, more than 1,000 clients and their families have accessed services provided by the El Rio Santa Cruz Neighborhood Health Center. The total number of clients served increased by 18% between 1995 and 1996. In 1997, the grantee added the services a physician and nurse and expanded nutrition and counseling services.

► **Improved Patient Outcomes**

- Due to a high no-show rate at the McDowell Health Care Center for behavioral health care services, the grantee established a system to contact 100% of the clients before each appointment. Since implementation of the reminder call system, a significant reduction in the no-show rate has been documented
- In 1995, the return rate for HIV counseling and testing was 75% at the McDowell Health Care Center. In 1996, the return rate increased to 96%.
- In conjunction with the Center for Pharmaceutical Economics, two Arizona Title III-funded clinics participated in a study of medication therapy treatment patterns and outcomes. The findings from the study allowed both clinics to evaluate treatment patterns, utilization of services, and client outcomes.

► **Cost Savings**

- In order to reduce the cost of viral load testing at the McDowell Health Care Center, program staff worked to offer viral load testing in-house. Viral load testing is now offered to other providers in the area at a lower cost and with a shorter turnaround time.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
El Rio Santa Cruz Neighborhood Health Center	Tucson	Pima, Pinal, Santa Cruz, Greenlee, Cochise, Yuma, and Gila Counties	Community and Migrant (329/330) Health Center
Kino Community Hospital	Tucson	Pima County	Health Department
Maricopa County Health Systems	Phoenix	Maricopa (majority of clients), Yavapai, Gila, and Pinal Counties	Health Department

Planning Grants

1997 - Phoenix Indian Medical Center - Phoenix

Title IV: Arizona

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	0	0	1	
Total Title IV Funding	0	0	\$252,000	\$252,000

Title IV Grantees, FY 1998

Grantee Name	Location
Maricopa Integrated Health Systems	Phoenix

Special Programs of National Significance (SPNS): Arizona

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$200,000	\$241,106	\$247,833	\$688,939

Project Descriptions

► Navajo Nation

Location: Window Rock

Project period: 10/96 - 9/01

Population Served: HIV-infected Navajo people

Description of Services: HIV/AIDS services are fragmented and inadequate for members of the Navajo Nation. There are no tribally coordinated and consistent HIV/AIDS care, treatment, and support programs, and a comprehensive Navajo Nation HIV-disease needs assessment has never been carried out. Difficulties are compounded by significant under-reporting and diagnosis. The Navajo Integrated Service Project is a multi-dimensional, multi-sector project that integrates scientific and professional disciplines with community-based service providers and traditional practitioners. It also incorporates these services into existing programs provided by the Indian Health Service and the Bureau of Indian Affairs. Under the program, service needs and gaps are identified. A clinical specialist oversees the development of an HIV care and treatment protocol and the implementation of a patient treatment database.

Project Highlights

- The project performed a needs assessment of Navajo people infected with HIV/AIDS and used the results to develop innovative service integration approaches. Based on the results of the needs assessment, the project relocated from Arizona to New Mexico to gain better access to the client population. The project selected a pilot project site as a test of plan implementation.
- The Navajo Nation project developed a model support service network integrating traditional and western medical practices with existing programs provided by the Indian Health Service. The project recruited a diverse group of providers, and established an interdisciplinary team to coordinate service delivery.

- The project established formal agreements with four tribal and non-tribal providers to allow clients to access both traditional and complementary forms of therapy. It developed a professional service contract to expand case management and provide transportation services when necessary.

AIDS Education and Training Centers: Arizona

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Pacific AETC
- ▶ States Served: Arizona, California, Hawaii, Nevada
- ▶ Primary Grantee: University of California, San Francisco, San Francisco, CA
- ▶ Subcontractors in State: Arizona Health Sciences Center - Tucson
Institute for Health Professions Education - Phoenix

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$150,550	\$121,339	\$122,354	\$394,243

Training Highlights from FY 1997

- The Pacific AETC entered into a joint training agreement with the California Department of Corrections and the CDC-funded Francis J. Curry Tuberculosis Center to conduct a statewide training of health care providers. The trainings will focus on the complexities of providing care in a correctional setting, including adherence to treatment regimens.
- The UC San Diego performance site conducts an ongoing training program for correctional health care providers in the county jail and at a state prison near the Mexico Border. Trainers go onsite to mentor HIV clinicians and provide follow-up clinical care consultation via e-mail.
- The Arizona performance sites have carried out a variety of activities including: an HIV/AIDS update and an ACTG 076 Skills Workshop at the National Hispanic Nurses Association Convention; two HIV dental mini-residencies with participants from Title I-, II- and III-funded organizations; a program on PHS treatment guidelines downlinked for Arizona Department of Corrections providers; and the quarterly HIV Key Providers Roundtable Dinner Lecture Series.

- The Hawaii performance site co-sponsored a number of trainings on HIV and substance abuse including: “HIV and Substance Abuse” for the Hawaii Chapter of the National Association of Social Workers; and skill-building sessions targeting public health nurses, HIV case managers, and outreach workers. It also conducted “Things We Never Learned in School: Working with Gay/Lesbian/Transgender People,” a one-day conference designed to familiarize providers with sexual minority issues, and “Building Nursing Skills in HIV Care,” an intensive three-day program drawing participants from the nursing staff at the Department of Public Safety, public health nursing, hospitals, AIDS service providers, managed care organizations and community health centers.
- In collaboration with the State of Nevada Division of Health Care Financing, the Nevada performance site provided a statewide program to Medicaid providers on reducing perinatal HIV transmission. The interactive video presentation was broadcast from Reno to Elko, Ely, Fallon, Hawthorne, Las Vegas, Lovelock and Winnemucca.
- The Pacific AETC operates two national training-related programs, the National HIV Telephone Consultation Service (Warmline), providing treatment information to clinicians, and the national Clinicians’ Post-Exposure Prophylaxis Hotline (PEPline).